TOWN OF MADISON PO BOX 248 MADISON, NH 03849 367-4332

Planning Board Comprehensive Application Form

INSTRUCTIONS FOR SUBMISSION OF APPLICATION MATERIALS

In accordance with RSA 676:4,I(b), all materials required to constitute a complete application *shall* be submitted to the town by 12:00 Noon of the second Tuesday of the month. Planning Board meetings are held the first Wednesday of each month.

Note: Revised plans (four plats and one 11" x 17" copy of plat) of any type must be in the town office **7 days** prior to the hearing date.

All filing is to be done at the **Madison Town Hall, 1923 Village Road, Madison, NH 03849**, **603-367-4332**. Town Hall hours are Monday - Thursday 8am to 4pm.

By submission of this application, the applicant grants permission to the Planning Board or its agents to conduct a site inspection without notice to the applicant.

The Town of Madison Zoning Ordinance, Planning Board Subdivision Regulations, Site Plan Regulations, Excavation Regulations, and appropriate applications may be obtained through the Selectmen's Office or on the town website at www.madisonnh.org.

Please check the project included in this application and complete the appropriate pages:

- Preliminary Review Complete pages 4 & 5 (and page 6 as needed), and include:
 - Three (3) 11" x 17" copies of the proposed project
 - Filing Fee

Preliminary review is <u>required</u> prior to submission for any subdivision, boundary line adjustment, or site plan application.

- Subdivision of Land complete pages 4, 5, & 7 (and page 6 as needed), and include the following:
 - Four (4) plats prepared by a licensed New Hampshire surveyor (Any appropriate engineering drawings must be presented with the application at the Public Hearing).
 - One (1) eleven by seventeen (11"x17") copy of the plat.
 - One (1) Mylar with a mailing tube.
 - Filing Fees
 - Three (3) sets of abutter address mailing labels 1" x 2.63" (see abutter notification form)
- □ <u>Site Plan Review</u> complete pages 4, 5, & 7 (and page 6 as needed), and include the following:
 - Four (4) plats prepared by a licensed New Hampshire surveyor (Any appropriate engineering drawings must be presented with the application at the Public Hearing)
 - One (1) eleven by seventeen (11"x17") copy of the plat
 - One (1) Mylar with a mailing tube
 - Filing Fees
 - Three (3) sets of abutter address mailing labels 1" x 2.63" (see abutter notification form)
- Boundary Line Adjustment complete pages 4, 5, & 7 (and page 6 as needed), and include the following:
 - Four (4) plats prepared by a licensed New Hampshire surveyor (Any appropriate engineering drawings must be presented with the application at the Public Hearing)
 - One (1) eleven by seventeen (11"x17") copy of the plat
 - One (1) Mylar with a mailing tube
 - Filing Fees
 - Three (3) sets of abutter address mailing labels 1" x 2.63" (see abutter notification form)
- □ Scenic Road Tree Cut complete pages 4 & 5, (and page 6 as needed), and include the following:

- Detailed location and description of trees to be cut
- Filing Fees
- Voluntary Merger of Pre-Existing Lots complete pages 4 & 5, and include the following:
 - Completed "Notice of Voluntary Merger for Pre-Existing Lots" form (available on the town website and through the Selectmen's Office)
 - Filing Fee
 - copy of the deeds to the lots proposed to be merged
- Earth Excavation complete pages 4, 5, & 7 (and page 6 as needed), and include the following:
 - A copy of the completed application for submission to the Conservation Commission
 - Five (5) excavation plats prepared by a licensed New Hampshire surveyor or engineer (Any appropriate engineering drawings must be presented with the application at the Public Hearing).
 - Five (5) reclamation plats prepared by a licensed New Hampshire surveyor or engineer (Any appropriate engineering drawings must be presented with the application at the Public Hearing).
 - One (1) eleven by seventeen (11"x17") copy of the excavation plat
 - One (1) eleven by seventeen (11"x17") copy of the reclamation plat.
 - Filing Fees
 - Three (3) sets of abutter address mailing labels 1" x 2.63" (see abutter notification form)

| be sch | neduled for a hearing. |
|---------|---|
| 1. | Name, mailing address and telephone number of applicant / owner of record . (Provide both if different.) |
| 2. | Name, mailing address, telephone numbers (voice and fax) and email of agent . The agent has the authority to represent the owner of record before the Planning Board. |
| 3. | Street Location of Subject Parcel: |
| 4. | Tax Map: Lot: |
| 5. | Zoning district property is located in: |
| 6. | Overlay Districts or other regulations affecting Subject Property: State Highway Permit: Shoreland Protection: Ground Water Protection: Scenic Roadway: State Subdivision: Current Use Tax: Others (specify) |
| Additio | Name, mailing address, and telephone numbers (voice and fax) of additional sionals who are authorized to submit additional materials on behalf of the application. and professionals may include, but are not limited to: NH Certified Soil Scientist, and Scientist, Surveyor, Engineer, Attorney, or other Real Estate Professional. etc. |
| Please | e provide a brief description of the proposed project: |
| | |

Name, mailing address and telephone contacts must be supplied for an application to

APPLICATION FEES

In accordance with RSA 676:4,I(g), the applicant shall pay the following fees to compensate the Town for its expenses in processing, noticing and reviewing each application. One or more fees may apply, however, only one notice fee is required except as noted below. In some instances as noted below, a separate check payable to Carroll County Register of Deeds may be required for LCHIP fees.

| PRELIMINARY REVIEW Administration: \$50 | | |
|--|---|--|
| VOLUNTARY MERGER OF PRE-EXISTING LOTS Administration: \$65 | | |
| SUBDIVISION OF LAND | | |
| Administration: 1. Boundary Lot Line Adjustment: \$140 2. Subdivision of Land: \$75 residual lot \$50 per new lot 3. LCHIP Fee: \$25 (check payable to C | #lotsx \$50 Carroll County Register of Deeds) | |
| Public Notice: 1. \$30 per notice; plus 2. \$10 per abutter or other party notified. | # x \$10 | |
| SITE PLAN REVIEW | | |
| Administration: Review/Filing Fee: \$200 LCHIP Fee: \$25 (check payable to C Public Notice: 1. \$30 per notice; plus 2. \$10 per abutter or other party notified | Carroll County Register of Deeds) #x \$10 | |
| SCENIC ROAD TREE CUT | | |
| Administration: Review/Filing Fee: \$75 | | |
| Public Notice: \$30 per notice (2 required) | | |
| EARTH EXCAVATION Administration: Review/Filing Fee: \$100 | | |
| Public Notice: 1. \$30 per notice; plus 2. \$10 per abutter or other party notified. | #x \$10 | |
| RECORDING FEE Recording \$30 per sheet: | | |
| OTHER COSTS Other costs incurred by the Board in reviewing engineering, legal, and planner review), as lim the Madison Subdivision & Site Plan Regulation to the applicant by the Board unless specifical | nited in RSA 676:4 and ons, shall be passed through | |
| TOTAL FEES SUBMITTED WITH ADDITION | | |

| | Ce | ertification & Signatu | ire Pages | | |
|---------|--|---|--|--|--|
| 1. | | | | | |
| | Applicant | Owner | Agent | | |
| | | | ees and associated costs will result in lic hearing in accordance with RSA | | |
| 2. | The owner/agent hereby authorizes the Madison Planning Board and its agents to access the subject land for the purpose of reviewing this subdivision plan, performing road inspections and any other inspections deemed necessary by the Board or its agents, to insure conformance of the on-site improvements with the approved plan and all Town of Madison ordinances and regulations. | | | | |
| 3. | The undersigned owner/ Completed Application P | agent hereby submits to ackage and respectfully | the Madison Planning Board a requests its approval of said plat. In curring thereto, the owner hereby | | |
| | | ork made necessary by ι | and as shown and intended by said unforeseen conditions which become | | |
| | To provide and insta intersections. | II standard street signs a | s approved by the Town for all street | | |
| | the plat for streets, of | drainage or other purpose | • | | |
| | because of my failur | e to carry out any of the | | | |
| | a revised plan or a p To construct improve insure completion of There are no known | lat or new application is sements or post the Plann the improvements show violations of the Town of ulations present on the p | Plat as approved by the Board unless submitted and approved by the Board. ing Board's Performance Guarantee to n on the plat and related drawings. Madison Zoning Ordinance or Madison roperty that have not been disclosed as | | |
| | To insure proper box | | t the project's completion in accordance ations. | | |
| Autho | orization to Act as Agent | : | | | |
| is here | | dison Planning Board for | _ act as my agent in securing any and all the development of my property, all agent. | | |
| Certif | ication | | | | |
| Owne | r of Record signature: | | Date: | | |

ABUTTER NOTIFICATION FORM

Instructions:

Man

Parcel

Owner

- 1. List the map, parcel, name and mailing address of the property owner and all abutters as shown in Town records per RSA 676:4,I(b). This may be typed on a separate sheet. If using another sheet or multiple sheets, please indicate the date of preparation and sign your name on each sheet.
- 2. As applicable, include the name, mailing address, daytime phone number and fax number of: the Applicant's Authorized Agent; and any surveyor, engineer, architect or soil scientist whose stamp and signature appear in the application materials. Other required abutters are detailed in RSA 676:4(I)(b).
- 3. Please attach three completed adhesive mailing labels for each entry on the list. Label size must not exceed 1" tall by 2.63" long.
- 4. The determination of abutters is the responsibility of the applicant; this list will not be reviewed for compliance with statutory requirements.

Mailing Address

| Map | 1 41001 | OWNO | Maining / Garoos |
|-----------|---------------------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ····· |
| | | | |
| | | | |
| | | | |
| Date of p | oreparation: | | |
| I hereby | certify that all ir | formation presente | d on this form is, to the best of my knowledge, correct. |
| Signatur | e of preparer: _ | | |